

KANSAS STATE BOARD OF PHARMACY  
LONDON STATE OFFICE BUILDING  
900 SW JACKSON, ROOM 560  
TOPEKA, KS 66612  
(785) 296-4056  
FAX (785) 296-8420

FOR OFFICE USE  
ONLY  
REG. NO. \_\_\_\_\_  
DATE \_\_\_\_\_

FEE \$25.00

APPLICATION FOR REGISTRATION UNDER KANSAS UNIFORM  
CONTROLLED SUBSTANCES ACT  
**AMBULANCE/EMERGENCY MEDICAL SERVICE**

Print or Type Registration Name and Physical Address.

\_\_\_\_\_  
Name of Owner

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Telephone number

\_\_\_\_\_  
Name of Ambulance

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Telephone number County

\_\_\_\_\_  
Mailing address for renewal information if different than the physical address.

\_\_\_\_\_  
City State Zip

The owner names the following person as the authorized agent to act on behalf of or at the direction of the owner:

\_\_\_\_\_  
Name of Authorized Agent Telephone number of authorized agent

\_\_\_\_\_  
Address of Authorized Agent

\_\_\_\_\_  
City State Zip

This application is being made for the following reason: (check all that apply)

\_\_\_ Original registration \_\_\_ Change of address \_\_\_ Change of business name \_\_\_ Change of ownership

Drug Schedules: (check all that apply)

\_\_\_ Schedule II/narcotic \_\_\_ Schedule II/nonnarcotic \_\_\_ Schedule III/narcotic  
\_\_\_ Schedule III/nonnarcotic \_\_\_ Schedule IV \_\_\_ Schedule V

Are you currently authorized by DEA to administer, or otherwise handle controlled substances in the  
schedules for which you are applying? Yes \_\_\_ No \_\_\_ If no, has application been made and pending?  
Yes \_\_\_ No \_\_\_

State current DEA Registration Number and Expiration Date. \_\_\_\_\_

ENCLOSE A COPY OF DEA REGISTRATION AND KANSAS EMERGENCY MEDICAL SERVICES LICENSE.

Has the applicant been convicted of any violation of State or Federal Law relating to controlled substances?

Yes \_\_\_ No \_\_\_ If yes, was conviction a felony? Yes \_\_\_ No \_\_\_

Has any previous registration held by the applicant under any name or corporate or legal entity under Kansas Uniform Controlled Substances Act been surrendered, revoked, suspended, denied or pending such action? Yes\_\_\_ No\_\_\_ If yes, attach a letter stating circumstances.

OWNER/CORPORATE PORTION

I, \_\_\_\_\_, solemnly swear (or affirm) that the statements and representations made in the forgoing application and all attachments are true and correct to the best of my knowledge and understands that this registration, if issued, will expire annually on the 30<sup>th</sup> day of June and such registration will be cancelled if not renewed annually by the 31<sup>st</sup> day of July.

\_\_\_\_\_  
Signature of Owner/Officer

Signed and sworn to (or affirmed) before me on \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

(seal)

My commission expires\_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Republic

AUTHORIZED AGENT PORTION

I, \_\_\_\_\_, solemnly swear ( or affirm) that the statements and representations made in the foregoing application and all attachments are true and correct to the best of my knowledge and understands that this registration, if issued, will expire annually on the 30<sup>th</sup> day of June and such registration will be cancelled if not renewed annually by the 31<sup>st</sup> day of July.

\_\_\_\_\_  
Signature of Authorized Agent

Signed and sworn to (or affirmed ) before me on \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

(seal)

My commission expires\_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Republic

THIS APPLICATION REQUIRES TWO NOTARIZED SIGNATURES. IF THIS APPLICATION DOES NOT HAVE TWO NOTARIZED SIGNATURES IT WILL DELAY THE PROCESSING OF THE APPLICATION. BOTH THE OWNER/CORPORATE AND CONTACT PERSON/AUTHORIZED AGENT PORTIONS MUST BE SIGNED AND NOTARIZED.